

Date of Application:
DSA #:



Iowa Department of Public Health Data Sharing Agreement (DSA) Application

Application for Access to Public Health Data for Data Sharing Agreements

DSA # (to be completed by IDPH): _____

MAIN CONTACT

Name:

Title/Position:

Entity/Organization:

Is the entity a state agency?

Yes: ☐ No: ☐

Short Description of Entity:

Mailing Address (*principal investigator's official mailing address will be used to send a copy of the Research Agreement*):

Telephone #: _____ Extension: _____ E-Mail Address: _____

Primary Employer (*organization/institution name and address*): _____

ALTERNATE (OR ADDITIONAL) CONTACT:

Name: _____

Title/Position: _____

E-Mail Address: _____

Telephone #: _____ Extension: _____

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DATASET(S) REQUESTED:

1. Describe the data and variables you are requesting from IDPH:

Check all data sources and/or datasets that will be used in your project. In the space next to the data source indicate date range (from: mm/yyyy to: mm/yyyy) for each set you wish to access.

Datasets listed below are the most commonly requested. If you are requesting a dataset not listed below, please specify which dataset in the "other" option so a list can be sent to you of the available variables for the requested dataset.

	<u>Date Range</u>	
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	From: _____	To: _____
<input type="checkbox"/> Birth Certificate Records	From: _____	To: _____
<input type="checkbox"/> Death Certificate Records	From: _____	To: _____
<input type="checkbox"/> EMS Patient Registry	From: _____	To: _____
<input type="checkbox"/> Iowa Disease Surveillance System (IDSS)	From: _____	To: _____
<input type="checkbox"/> Iowa Immunization Registry Information System (IRIS)	From: _____	To: _____
<input type="checkbox"/> State Health Registry (SEER)—"Cancer Registry"	From: _____	To: _____
<input type="checkbox"/> Other (<i>specify</i>)	From: _____	To: _____

2. Please list the variables requested from each dataset (data dictionaries are available upon request):

3. Indicate the geographical region or location for requested records.

- ☐ Entire state
☐ County(s) (specify)
☐ City or town(s) (specify)
☐ Zip Code(s) (specify)
☐ Other (specify)

4. Frequency of Data Load:

One time: ☐ Monthly: ☐ Yearly: ☐ Other (specify): _____

5. The standard term of data sharing agreements is five years. At that time, DSAs can be renewed. If you are requesting a revised term for this DSA, please describe the proposed term and justification below:

Proposed Term: _____

Justification: _____

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6. If **Vital Records** data are being requested, are you using the data for statistical, verification, or other purposes?

Statistical purposes: taking all or parts of vital records data and creating statistics for program purposes or evaluations; for example, using birth or death data to create trending reports and base program decisions on these reports.

Verification purposes: using vital records data to verify against the requestor's data; for example, purging records using death data.

Statistical Purposes: ☐

Verification Purposes: ☐

Other Purposes: ☐

- a. If other, please describe:

IDPH reserves the right to apply fees to vital records data requests for verification or statistical purposes. For more information about the vital records fee schedule, email mckenzie.leier@idph.iowa.gov.

JUSTIFICATION:

7. Please describe how the data will be used:
8. Please justify the datasets and variables requested:
9. Explain the public health importance of your project.

DATA STORAGE AND SECURITY:

10. Will anyone besides yourself be using or have access to the data?

Yes: ☐ No: ☐

- a. If yes, please list all individuals who will have access to the data:

Name	Position	Institution

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11. Do you intend to use the data for publication? If yes, list the target audience and format (*check all that apply*).

- ☐ Report for internal use only
- ☐ Report for public release or presentation (*including presentation at a professional conference*)
- ☐ Other (*list*)
- ☐ Results will not be published

a. If yes, then please provide details regarding the intended publication:

Review and approval by IDPH is required prior to any submission for publication in accordance with the DSA.

12. Will linkage to any other dataset(s) occur? (Using data from any other source for comparison purposes, creating linked databases, or extraction of data is considered linking data, e.g., census and population data.)

- ☐ No linkage with other datasets is intended (skip to question 11).
- ☐ Linkage only of aggregate data with the following datasets is intended.
- ☐ Linkage of individual records with the following datasets is intended.

If linkage will occur, describe each of the following in detail:

- a. Indicate what other datasets will be involved.
- b. List the specific variables and how you are planning to use them for linkage from each dataset.
- c. Describe the purpose for each linkage.
- d. Include a flow chart that explains the proposed linkage process. The flow chart(s) should illustrate what datasets will be linked, what (if any) new datasets will be created, when identifiers will be stripped, etc. A flow chart should be an easy-to-understand diagram(s) showing how steps in your study fit together. It should demonstrate what happens to the data after it is obtained from IDPH until the data is destroyed. **Please see reference guide for example.**
- e. If there will be linkage of IDPH dataset to another database of confidential records, attach a letter of agreement from that data owner/institution whose non-public domain dataset(s) will be linked.

Name of institution: _____

Date of letter: _____

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13. How will the data be stored?

14. The standard format for data files is comma-delimited with double-quotes around fields that have commas in them, with a header record. Do you require variation from this format? (if yes, please describe).

15. The standard format for receiving data is an SFTP (secure file transfer protocol)/FTP site. Indicate the format in which you would like to receive your data:

Standard:

☐ Secure File Transfer Protocol (SFTP)

Other:

☐ CD-ROM

☐ Computer generated hard copy

☐ Photocopies of records

☐ Secure fax

☐ Other (*specify*) _____

16. How will individual-record data obtained through this application be securely stored and maintained?

☐ Storage on a server

☐ Storage on work laptop

☐ Storage on USB

☐ Storage of hard copy documents in file cabinets

☐ Other (*specify*) _____

17. Describe mechanisms for data security making sure that they are consistent with security rules.

Please be advised that any identifying data received from IDPH is not to be shared in any public format. All individuals associated with this project must comply with the Disclosure of Confidential Public Health Records Policy and the Data Sharing Agreement.

Please submit electronically to: McKenzie.Leier@idph.iowa.gov
OR return the completed application materials to:

Iowa Department of Public Health
Data Management Program
321 East 12th Street
Des Moines, IA 50319-0075
(515) 281-7221
Fax number: 515-281-0488